

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7802	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2011
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1411	<p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure the bomb threat drills were exercised annually. The findings include: Record review and Interview with the Maintenance Director, on August 10, 2011 at 8:30 a.m. confirmed there was no bomb threat drill conducted in the past 12 months.</p>	N1411	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Bomb Threat Procedure and Plan with Drill will be completed by August 31st, 2011 by the maintenance director or designee.</p> <p>How do you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have potential to be affected.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>Maintenance Director has been in-serviced by the Administrator on August 10, 2011 on the requirements of an annual bomb threat drill to be conducted during the past 12 months.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>Maintenance Director will complete a calendar for all mandatory drills. A quarterly audit of the mandatory drill calendar will be completed to ensure that required annuals are completed as required. The findings of the calendar audit will be reported to the Performance Improvement Committee quarterly.</p>	9-16-11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

P98K21

If continuation sheet 1 of 1

TITLE

Administrator

(X6) DATE

9-8-11